CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

APR - 1 2009

Please type or print in ink.

Candidate

Election Year: _

A Public Document

GOVERNOR'S OFFICE

	NAME (LAST) (FIRST) Herch	1/	(enneth
- 1	MAILING ADDRESS STREET CITY	1	
	(May use business address) State Capital Sacrai	me	STATE ZIP CODE OPTIONAL FAX / E-MAIL ADDRESS Herb. Schyltz C
L	STATE STATES		The College of the Co
	1. Office, Agency, or Court		4. Schedule Summary
	Name of Office, Agency, or Court:		Total number of pages including this cover page:
	Division, Board, District, if applicable:		
	FXecutive office		▶ Check applicable schedules or "No reportable interests."
	Your Position: Heavily Pourly Adv 6/19/05	3	I have disclosed interests on one or more of the attached schedules:
1	Seniar Halvisor - 6/20/08-00th	cof	Schedule A-1 Yes – schedule attached
١	If filing for multiple positions, list additional agency(ies)/ n position(s): (Attach a separate sheet if necessary.)	W	Investments (Less than 10% Ownership)
	Agency:	in	Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)
	Position:		Schedule B Real Property Yes – schedule attached
	2. Jurisdiction of Office (Check at least one box)		Schedule C Income, Loans, & Business Positions (Income Other than Gifts
	State		and Travel Payments)
١	County of		Schedule D Income - Gifts Yes - schedule attached
1	☐ City of		Schedule E Yes – schedule attached
	Multi-County		Income - Gifts - Travel Payments
	Other		-or-
l		,	No reportable interests on any schedule
	3. Type of Statement (Check at least one box)	L	
	Assuming Office/Initial Date:/		5. Verification
	Annual: The period covered is January 1, 2008, through December 31, 2008.		I have used all reasonable diligence in preparing this
	-or-		statement. I have reviewed this statement and to the best
	O The period covered is/, through December 31, 2008.		of my knowledge the information contained herein and in any attached schedules is true and complete.
	Best control of the C		I certify under penalty of perjury under the laws of the State
	Leaving Office Date Left://(Check one)		of California that the foregoing is true and correct.
	O The period covered is January 1, 2008, through the date of leaving office.		Date
	-or-		
	O The period covered is/, through the date of leaving office.		Signa
	4		

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES OF	700
Name	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Leviton Law Group AP.C.	
Leviton Law Group A.P.C. Name 520 S. Grand, # 700 CA, CA,	Name
Address	Address
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY AW FIRM	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Coloration VOLID BUSINESS POSITION PLE CIDE of ther	NATURE OF INVESTMENT Sole Proprietorship Partnership Other
YOUR BUSINESS POSITION PREGIDENT	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property are attached
Comments: Domesta Partner's	FPPC Form 700 (2008/2009) Sch. A-2

Law Firm

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	THE RESIDENCE OF THE PARTY OF T
Name	
-	

2100 16th Street # 507	CITY
Denver, Co 80202	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000// 08// 08
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
70 0011 (1001 (004) 1001	
C/o Julie Lowis - East/wert Urban Mg+ - \$15,000 Tenenti MARK Kreloff	••
You are not required to report loans from commercia	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course where the pland of Lender's regular course where the plant is a lender where the plant i	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commercial of business on terms available to members of the propertion of the properties of the	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS
You are not required to report loans from commercial of business on terms available to members of the propertion of the properties of the	al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course of NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE None None	Al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE Whome None
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course where the second seco	Al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course where the second seco	Al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE Whom TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000
You are not required to report loans from commercial of business on terms available to members of the pland loans received not in a lender's regular course where the second seco	Al lending institutions made in the lender's regular course ublic without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS BUSINESS ACTIVITY OF LENDER INTEREST RATE None HIGHEST BALANCE DURING REPORTING PERIOD

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
Leviton Law Group A. P.C.	NAME OF SOURCE OF INCOME
Leviton Law Group A. P.C. ADDRESS 520 S. Grand # 700 90071	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION President	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 S1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
\$10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	·
Other	Other
(Describe)	(Describe)
➤ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD
	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms
available to members of the public without regard to y not in a lender's regular course of business must be	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
S1,001 - \$10,000	Guarantor
\$10,001 - \$100,000	Guaranto
OVER \$100,000	Other(Descript)
Comments: Domera's Par	the 15 Law Firm
Comments:	11/19

SCHEDULE D Income - Gifts

CALIFORNIA FORM	700 DMMISSION
Name	

CA CASIECTU ASSON.	► NAME OF SOURCE
ADDRESS 360-22 nd Street # 750 CA	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE 94612	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
4,28,08 , 108.76 Dennis Manges	
RONT/FAREW	ecc.
Gov. Arnold Schwarzengger	▶ NAME OF SOURCE
State Cypital Sacramento, CA	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12,22,08 , 34.00 Popear Tin	
(Large)	
► NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS AUTIVITI, II AVI, OF SOUNCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
XMAC Citt	L-Pipcorn Tin
Comments:	